



In re Application of:

HIROSHI SATOMI

Application No.: 09/547,397

Filed: April 11, 2000

For: METHOD AND SYSTEM FOR PROVIDING
INFORMATION USING KEYWORDS, AND
PROGRAM THEREFOR (As Amended)

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$25 \$50	0.00
INDEP. CLAIMS	* 5	MINUS	*** 3	= 2	x \$100 \$200	400.00
Fee for Multiple Dependent claims \$180°/\$360						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						400.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first-
class mail in an envelope addressed to: Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

March 8, 2005
(Date of Deposit)

Carol A. Quinn, Reg. No. 39,000


(Name of Attorney for Applicant)

Carol A. Quinn
Signature

March 8, 2005
Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 400.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Carole A. Quinn
Attorney for Applicants
Registration No.: 39,000

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